

Guttate Psoriasis

What is guttate psoriasis?

Guttate psoriasis is also known as 'tear drop' or 'rain drop' psoriasis (the name was derived from the Latin, *Guttae*, which means drops), and is a widespread rash of small spots. It can occur at any age, but tends to occur most often in children, adolescents and younger adults. Usually, guttate psoriasis is widespread across the torso, back and limbs, and clears up after several weeks or months, depending on how quickly treatment is started. Some people may continue to have flares from time to time, or find it evolves into one of the other types of psoriasis.

What are the main symptoms of guttate psoriasis?

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Guttate psoriasis causes a rash of small spots (up to 1 centimetre in diameter), which are widespread across the torso, back, limbs, and sometimes neck, head and scalp. These spots are often a bright pink or red on fair skin types, whilst people with darker skin types may notice the psoriasis patches are dark rather than red. There may also be some fine scaling on guttate spots. Some people report guttate psoriasis as being very itchy or sore, whilst others do not notice this.

What causes guttate psoriasis?

Psoriasis is a chronic (long term) immune condition that can affect the skin, nails and sometimes the joints. When a person has psoriasis, parts of their immune system overact, and cause an increase in inflammation, which causes the visible psoriasis 'plaques' on the skin and, in some people, inflammation in the joints or changes to nails. When a person has psoriasis, their skin replacement process speeds up, taking just a few days to replace skin cells that usually take 21-28 days. This abundance of skin cells builds up to form raised 'plaques' on the skin, which can also be flaky, scaly, red on caucasian skin, darker patches on darker skin tones, and itchy.

Around one third of people with psoriasis have a family history of the condition, however, there are many people who do not. Relatives do not necessarily have the same type of psoriasis, have psoriasis in the same body areas, or have the same response to treatments.

Guttate psoriasis seems to occur most often in children, teenagers and young adults, although it can occur in older adults. Guttate psoriasis is often triggered after a streptococcal throat infection, and so people who are prone to this type of infection may experience repeat bouts of guttate psoriasis. In some cases, other viral or bacterial infections may trigger guttate psoriasis.

How can guttate psoriasis be treated?

Psoriasis is a condition that is unique to each person who has it, and so finding a treatment or combination of treatments that work can be a process of trial and error.

Topical Treatment

Guttate psoriasis treatment is likely to begin with topical (applied to the skin) treatments, including steroid creams, vitamin D applications, and coal tar applications. It is important to check with a doctor, nurse or pharmacist how to use these treatments, and to follow the directions on the patient information leaflet.

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The National Institute for Health and Care Excellence (NICE)'s Clinical Guideline for the Assessment and Management of Psoriasis (2012) recommends that an appointment to review treatment is made four weeks after starting a new treatment, for adults, and after two weeks for children.

As with all types of psoriasis, it is important to moisturise well and regularly, as this will help the skin to feel more comfortable, and can help 'active' topical treatments (such as steroid creams) to be better absorbed.

Ultraviolet Light Therapy

Guttate psoriasis often clears up on its own after a number of weeks, or a few months. If it carries on, and topical treatments do not seem to help, a referral to a Dermatologist may be needed. A Dermatologist may offer Ultraviolet (UV) Light Therapy to treat persistent guttate psoriasis. This kind of treatment is used to treat various skin conditions, and is often quite effective in guttate psoriasis.

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UV therapy is normally given 2 or 3 times a week for 6 to 8 weeks at a time – this usually takes place in the dermatology department at a hospital, or in larger health centres. The levels and dose of UV prescribed by a dermatologist is carefully calculated and is much more precise and a different wavelength to the UV light emitted from a sunbed.

Further information on specific treatments is available from the Psoriasis Association.

Antibiotics and Tonsillectomy

There is some debate around whether antibiotics (to treat the streptococcal infection that often triggers guttate psoriasis) are useful in the treatment of guttate psoriasis. Some people arrange with their doctors to prescribe them antibiotics as soon as they notice a sore throat, as there is a school of thought that bringing the streptococcal infection under control can also control the psoriasis flare. However, there is no good scientific evidence to prove that this approach works, and the NHS now has a stricter approach to prescribing antibiotics than in the past.

Tonsillectomy (removal of tonsils) is also sometimes discussed as a possible treatment for guttate psoriasis. Tonsillitis is a common streptococcal infection, which can trigger guttate psoriasis. Again, there is debate about whether removing the tonsils is an appropriate treatment for guttate psoriasis, as the scientific evidence that is available is mixed.

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The information in this resource is not intended to replace that of a healthcare professional: If you have any concerns or questions about your treatment, do discuss this with your doctor or pharmacist and **always read the patient information leaflet** to make sure you are using them correctly.

For more information, or for a list of resources used in the production of this information sheet, please contact the Psoriasis Association.

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This information sheet is currently under review.

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